

ANNUAL SUBRECIPIENT CONTRACT DETAIL
BY PARENT
FOR THE FISCAL YEAR ENDED 6/30/05

PARENT NAME Decatur County General Hospital

Parent Record # 602

VENDOR NAME	REF DOC NUMBER	PAYEE NAME	ALLOT CODE	TRANS CODE	TYPE	EFFECT. DAT	EXPEND AMOUNT
Decatur County General Hospital	Z05022559	DECATUR COUNTY GENERAL	34352	103	D	5/24/2005	9,250.00
Summary for 'REF DOC NUMBER' = Z05022559 (1 detail record)							
Total for Z05022559							9,250.00

VENDOR NAME	REF DOC NUMBER	PAYEE NAME	ALLOT CODE	TRANS CODE	TYPE	EFFECT. DAT	EXPEND AMOUNT
Decatur County General Hospital	Z05024031	DECATUR COUNTY GENERAL	34349	103	D	5/23/2005	20,000.00
Summary for 'REF DOC NUMBER' = Z05024031 (1 detail record)							
Total for Z05024031							20,000.00